

Please type a plus sign (+) inside this box



#8 1035-330
1-7-03
PTO/SB/121 (10-00) Mollie

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

Direct all correspondence to:



Customer Number:

23117

Place Customer
Number Bar
Label Here →

OR

Type Customer Number here



Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/883,366		June 19, 2001
RECEIVED JAN - 2 2003 TECHNOLOGY CENTER 2800			

Typed or Printed Name	Michael J. Shea	(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record 34,725 (Reg. No.)
Signature	<i>Michael J. Shea</i>	
Date	December 30, 2002	
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.